

St. Bartholomew's Hospital



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Servare mentem."*

—Horace, Book ii, Ode iii.

Journal

VOL. XLIV.—No. 12

SEPTEMBER 1ST, 1937

PRICE NINEPENCE

CALENDAR

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Fri., Sept. 3.—Dr. Graham and Mr. Wilson on duty.

Tues., „ 7.—Dr. Evans and Mr. Girling Ball on duty.

Fri., „ 10.—Prof. Witts and Prof. Ross on duty.

Tues., „ 14.—Dr. Chandler and Mr. Roberts on duty.

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Sat., Sept. 18.—Rugby Match v. Old Paulines. Away.

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EDITORIAL

POLITICS IN THE HOSPITAL

THERE was once a time when adolescence sublimated its yearnings by writing sonnets and reading Swinburne or by taking vigorous physical exercise, and even—though it seems odd to say so to-day—when higher education tended to promote intellectual maturity rather than to retard it. But that is all over now. Our young men have gone political, and exchanged the languors and raptures of poor Swinburne for those of Mr. Victor Gollancz.

This in itself would not matter in the very least, for it is a simple affair, and a mere rush of hormones

to the head. But unhappily it is an integral part of the creed which these gentlemen for the moment profess that they should not keep their endocrine manifestations to themselves, but should try to thrust them upon other people.

That they should choose for their field of activity a busy and ancient Hospital, which, even had it not vastly more real and more important affairs with which to deal, should surely be immune in its peace from such irrelevant soap-boxery, seems especially regrettable.

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are in themselves significant, or that any of them—with one or two exceptions—are anything but the most delicate possible shade of pink, which, after all, is very natural in a group of which only one that we can recall has ever actually laboured with his hands, or is in a position to have more than an etherially objective understanding of the working classes.

The danger of such a group lies, not in its own activities, but entirely in the partisanship which its mere existence tends immediately to provoke. In this Hospital we are many creeds and many races who have, up till now, lived in perfect amity and accord. We have a common interest in our profession and a common pride in our Hospital, and have formed a fraternity more genuine and more lasting than is ever likely to be created by our local Lenins. And our personal political views have seemed to us irrelevant and impertinent to the work at hand.

But if we have now the romantic followers of Mr. Gollancz, we have also an equally fervent and equally foolish group of the opposite persuasion—about half as many in number—who would no doubt be delighted to plaster the walls with swastikas and the heads of their opponents with bludgeons (the opponents doubtless defending themselves meanwhile with the Left Book Club).

It should, at any rate, be quite obvious by now that the only certain offspring produced by an otherwise impotent Communism is Fascism.

To propagate their views the Inter-Hospital Socialist Society—for such is the body of which our local group forms a "cell"—publishes a magazine wittily entitled *Hospital*. In this we read, sandwiched between the usual "Stories from Spain" (which of course describe Leftist heroes, *mort pour la Party*, biting the dust and muttering "No Pasaran" with their dying breaths) and "Tales from Moscow", such observations as these:

"The activities of members are to be directed first and foremost to building up the branches in the hospitals, so that they can hold their own meetings and work out their own propaganda methods. . . ."

§

" . . . Strong hospital socialist societies are now in existence in the London, Guy's, St. Thomas's, Middlesex, Royal Free, University College and St. Bartholomew's Hospitals and are meeting regularly. As far as London is concerned, these organizations will be the chief means of conducting socialist propaganda in the hospitals. Branches of the Left Book Club have been formed in three hospitals. . . ."

There, in black and white, we have the avowed intention of this little clique to thrust their opinions down our throats, and to pester us with their propaganda. Do they imagine that the other side, equally pestiferous, is going to stay silent? Perhaps the less that is said of the painful indiscretions of which some members of this Society have been responsible in the past, the better. But the indiscreet use of the name of Rahere in what was once called the "Rahere Club" and which assisted under that name at a suburban rally of the "Friends of Moscow" is scarcely forgivable, though fortunately the Club as such has now ceased to exist; while the appearance of representatives of the Society supporting an appropriate banner in Hyde Park, not long ago, seems to contribute little to the dignity of the Hospital of which they are members.

So far the activities and the influence of this Society are negligible, and not for a moment would we necessarily quarrel with their politics. They may be all things that are good. But when their active propaganda within the Hospital can mean only future division and ill will, and the splitting of students into fantastic artificial warring camps, it is time the area was isolated with sterile towels.

If the Fascists form a rival club—and there is no doubt that they will, given encouragement and provocation—they, and indeed any other proselytizing avowedly militant political society, will be every bit as objectionable.

If they must pursue their activities, let them pursue them elsewhere; for the Hospital is a scientific institution in which politics have no place.

CURRENT EVENTS

THE COVER

This month we appear in a new cover of stouter paper, and, we think, of more pleasing design than the old one.

The block of the Henry VIII Gate is the original one which first appeared on the JOURNAL in 1893.

The criticisms and suggestions of our readers will be welcomed.

* * *

MEDICAL RESEARCH COUNCIL : NEW MEMBERS

By an Order of the Committee of Privy Council, made after consultation with the Medical Research Council and with the President of the Royal Society, Prof. L. J. Witts, M.D., F.R.C.P. (Professor of Medicine in the University of London and Physician to St. Bartholomew's Hospital), and Prof. G. E. Gask, C.M.G., D.S.O., F.R.C.S. (Emeritus Professor of Surgery in the University of London), are appointed Members of the Medical Research Council, in succession to Sir Thomas Lewis, C.B.E., M.D., F.R.C.P., F.R.S., and Sir David P. D. Wilkie, O.B.E., F.R.C.S., who retire in rotation on September 30th.

* * *

THE NEW RUGBY STAND

Work on the new stand at Chislehurst is now ready to begin and the architect's plans are in hand. On the financial side a very generous and keenly appreciated gesture by Dr. George Graham, who has offered the Club securities up to £600, now makes it possible to borrow this sum at $2\frac{1}{2}\%$ and to carry on with the work.

On the other hand, the £600 necessary to repay the loan—together with interest—must now be collected, and the sooner this is done, the less interest there will be to pay.

Contributions for this fund therefore will be received by the Secretary of the Rugby Football Club with gratitude.

* * *

SIMPLE TREATMENTS

We publish this month an article by Prof. J. Paterson Ross upon the virtues of simple treatments, such as the administration of honey and camomile tea, instead of any of the more complex and elaborate drugs which now seem fashionable. This seems to open up an interesting field for discussion, and we would welcome contributions from other readers who have experienced success with similar homely remedies.

There are, of course, many obvious cases which at once come to mind of elaborate methods replacing

simple ones, such, for instance, as the administration of magnesium sulphate *per rectum*, or even hypertonic saline intravenously to dehydrate a patient after head injuries, when the old-fashioned dose of calomel is usually enough; while marvellous new-fangled pain-killing drugs are employed to the general upset of the patient's sleep, bowels and appetite when a leech might have given instant relief.

* * *

THE GERMAN GUN

Our attention has been drawn of late to the disgraceful condition into which this famous Bart.'s trophy has fallen. The inroads of rust and neglect have been very great, and if the gun is to be preserved, or even moved, it will need a certain amount of attention. Both wheels need to be re-shod and one or two spokes repaired, while the whole gun requires a fresh coat of paint.

While the gun is the property of the Hospital, the students naturally take a keen interest in its welfare, and would be sorry to see it fall into irreparable decay merely for the sake of an hour's work and a coat of paint.

It is hoped, therefore, that the authorities will see to it that this historic trophy, which reflects in its history the spirit of freedom and independence which immediately succeeded the Great War, receives some attention before it is too late.

* * *

THE LATE MR. R. F. JOWERS

Described as the greatest surgeon ever at the Royal Sussex County Hospital, Brighton, during its history of just over a century, Mr. Reginald Francis Jowers, F.R.C.S., died this month at the age of 78.

Educated at Winchester, and later at this Hospital, he was still a young man when he first joined the Staff of the Royal Sussex, upon which he served with great distinction for over twenty years until his retirement some eight years ago.

He served through the War with the R.A.M.C. and attained the rank of Lieutenant-Colonel. It was of Mr. Jowers that Lord Moynihan, upon a visit to the Royal Sussex Hospital, once said: "He is a man for whom I have the very highest admiration and warmest affection, and he is what I value very much—a real Wykehamist and a great gentleman, which is the same thing."

An interesting link with the past in Mr. Jowers's career is afforded by the fact that he was called by Mrs. O'Shea to attend Charles Stuart Parnell in his last illness, but his attentions were unhappily too late, for the great man's temperature had already risen to a height which rendered recovery hopeless.

HONEY AND CAMOMILE TEA

THE STORY.

Part I.

AT 4 o'clock in the afternoon of August 22nd, 1935, a middle-aged painter was working at the top of a 35-ft. ladder when a boy bumped into its lower end. The man fell from the ladder and, landing on his feet upon the concrete path below, broke his right tibia and fibula. Though fairly severely shocked he escaped further injury, and on admission to the Hospital shortly afterwards his fracture, which was an open one, was reduced and immobilized in plaster-of-paris.

Unfortunately the wound suppurated, and for some weeks the patient's general condition gave rise to much anxiety. With free drainage of the wound, however, and repeated changing of the plaster splint, the man's health was gradually restored, fever subsided, and appetite returned. His convalescence seemed to be progressing favourably except for the state of the skin of his injured leg. By the beginning of November dermatitis had become established around the wound and was spreading slowly but steadily up and down the limb, giving rise to pain and irritation sufficient to interfere with his comfort in the daytime and his sleep at night.

Ultimately the treatment of this dermatitis became the chief problem of the case, and when calamine lotion failed to give relief, an ointment containing 1 gr. of pyrogallol in each ounce of zinc cream was constantly reapplied to the inflamed part. As this did not produce the desired result the leg was treated by X-rays in the Skin Department, but since no improvement was forthcoming the ointment was changed to equal parts of zinc cream and castor oil. The weeks wore on, and with the approach of Christmas it was decided that, as his general condition permitted it, he should be allowed to go home with instructions to use a lotion consisting of 1 drm. of liquor picis carbonis to each ounce of calamine lotion, and he was consequently discharged on December 22nd.

But this is not the end of the story. He had to be readmitted at the end of February, 1936, with his skin in a worse state than ever before. The bones were soundly united, but the whole leg from the knee downward was the seat of a weeping eczema, and there was some thickening of the skin with crusting of the surface. Pain was considerable, but the most prominent feature was itching, which at times was almost unbearable.

Seeing that the more modern and enlightened forms of

therapy had been unavailing there was every excuse for returning to the medicine of the Dark Ages, and a simple made from flowers of the camomile was therefore ordered. Lest "Camomile Tea" on a blue board might offend the dignity of the Dispenser on duty, the prescription was written:

R Anthemidis Florium ssiv ",

and Sister got her camomile flowers. Lint soaked in an infusion of the flowers was applied to the inflamed skin, and almost immediately the patient was relieved of his symptoms. Two days later the skin was already rapidly returning to normal, the weeping had ceased, its angry red colour was fading, and within an astonishingly short space of time the whole aspect of the case had changed. The infusion had to be used alternately with mild antiseptics for the following three or four weeks, but severe dermatitis never returned.

The oil contained in camomile flowers must itself possess the properties of a mild antiseptic, but this seems hardly sufficient to account for the almost miraculous effect of the infusion. It is of interest in regard to our argument to note that though included in 1914, camomile flowers do not appear in the *British Pharmacopæia* of 1932.

Part II.

A schoolboy, aged 16, was brought to the Hospital early in April, 1937, because on his right leg there was an ulcer which had not benefited from the treatment received at another great hospital in London. It was clear that this treatment had been carried out in accordance with the best principles, yet the ulcer, which was said to have originated from a simple abrasion of the skin, not only refused to heal, but even increased in its extent.

On arrival the ulcerated area, which was situated on the median aspect of the right leg, 10 cm. above the ankle, measured 5 by 3 cm. in diameter. The boy looked healthy, and the ulcer was floored by vascular granulation-tissue. The skin of the rest of the limb was of normal colour, there were no dilated veins to be seen, and pulsation was present in all the main vessels, including the dorsalis pedis and posterior tibial arteries. The ulcer was not adherent to the tibia, and a radiograph showed no bony abnormality. The urine was normal, and though there was no reason to suspect syphilis, it was deemed wise in so unusual a case to carry out a Wassermann test on the blood, but this was negative. One other fact which emerged in taking the history was that his grandmother had ulcers on her legs, but since it was considered that only a statistician could assess the ætiological significance of this coincidence, the

suspicion arose that he might perhaps be encouraging the process of ulceration by his own manipulations, and the leg was therefore encased in plaster-of-paris. When the plaster was removed four weeks later the ulcer was twice its previous size, and the boy was therefore admitted to the wards on June 7th.

The examination of the peripheral circulation, including skin temperature tests, histamine reactions, spinal anaesthesia, and arteriography, all of which might be considered on theoretical grounds to be called for to elucidate this unusually indolent ulceration, seemed merely meddlesome when the limb exhibited no sign whatever of arterial disease, and it was therefore resolved that one further attempt should be made to heal the ulcer before putting the boy through these formidable investigations.

A mixture of equal parts of honey and crude cod-liver oil was made into a paste with gum acacia, and the salve thus produced was spread thickly on the ulcer, which at this time measured 8 by 5 cm. Under this *régime* healing proceeded apace, and ten days later the ulcer was only 2 cm. across. It was completely healed when the boy went home three weeks after his admission.

The importance of obtaining *crude* cod-liver oil must be stressed, since the purified product, or other bodies containing vitamin D in a more concentrated form, are comparatively useless for healing ulcers.

THE MORAL.

Faith and fashion have a profound influence upon therapeutics, but the value of an old-fashioned simple and salve in the two cases here recorded should encourage us to try to preserve some of the better things which our ancestors knew and practised.

The superstition which activated the immortal—

"Juice of y^e hellebore pickt in June
By a one-legged man in y^e light of y^e moone;
Leaf of y^e henbane, eare of a bat,
Foote of a toade from a dead man's hatte"—

is not very different from the mysticism which endows some modern treatments by rays and injections with their magic properties.

Yet the moral of our experience with honey and camomile tea has nothing to do with superstition, and no doubt there is some good reason for their beneficent action. Many of the herbs and other substances formerly used medicinally contain the active principles which are now administered in a purer form, and it may be for all we know that crude cod-liver oil is particularly rich in the essential vitamins X and Y—or does the honey add a little Z?

The fact remains that in each case the treatment worked, and though an inquiry into why it worked might be of much scientific value, let us be content for the moment to state the facts. And since there are such simple methods of treatment, proved by experience to be of real value, let them be placed on record so that they may be remembered, and used in preference to the more elaborate yet no more efficacious alternatives.

J. P. R.

FIFTY YEARS AGO

[Being extracts from very early journals.]

1893

Intention

THE objects of the Journal are, FIRSTLY, to put on permanent record such clinical and other work as is done in this Hospital, which finds its way into no paper, but which is in itself invaluable to the student and practitioner. It will thus enable them to keep in touch with recent work and with the progress of the science and art of Medicine, Surgery, and Midwifery in the Hospital and School.

SECONDLY.—To promote and extend the feeling of *esprit de corps* among students, past and present, in their work, amusements, and matters of interest to them in daily life; to note their doings in Athletics, in Examinations, and by publishing Reports of Meetings, Social Gatherings, &c., to give non-active members some idea of the means by which the name of this great Royal Hospital is being maintained, and so, by example, to rouse them into activity.

THIRDLY.—To record such clinical and other lectures as are now given, but never printed in any permanent form, and which many students are unable to attend whilst holding their various appointments.

FOURTHLY.—To give publicity to anything original in the way of articles, verse, or drawings, and to act as a means by which those who write may learn to perfect themselves in that art, before they plunge into literary work in a wider sphere in after life.

FIFTHLY.—To bind as much as possible the past with the present, and to keep up the interest of old students in the doings of those now at the Hospital.

It will be circulated among the students, past and present, of St. Bartholomew's Hospital, being the Journal of the Hospital and the organ of the Amalgamated Clubs.

A Woman Student

It may not be generally known that on October 17th, 1850, Dr. Elizabeth Blackwell, now residing at Hastings, was admitted as a student of St. Bartholomew's Hospital with the consent of the Treasurer, the Warden, and School authorities. She attended for some time in the wards of the Hospital, spending several hours daily accompanying the physicians and surgeons in their visits. She attended Sir James (then Mr.) Paget's lectures on pathology, and the clinical lectures of the late Sir George (then Dr.) Burrows, of Dr. Kirkes, and of Dr. Baly. We have much pleasure in recalling these events, for the far-seeing and generous justice of thus admitting a lady to the practice of the Hospital, before the existence of the London School of Medicine for Women, was in its time an act greatly to the credit of the authorities of the Hospital and School.

WIT'S END.

I cannot scintillate with wit
Across the breakfast table.
At *any* time I find that it
Is hard to scintillate with wit.
In super-silence then I sit,
Because I am not able
To scintillate with sprightly wit
Across the breakfast table.

"BREAD LINES."

The heir of the baker's family
Was a perfect little beast,
So no one took much notice
When the son sank in the yeast.
WOT.

"EVERY CLOUD . . ."

A bibulous lady visiting a consulting surgeon was told that she had a carcinoma of the breast. This was rather a shock. She said, "Oh dear, Oh dear, if only I had some brandy", which the surgeon proceeded to get for her. While he was out of the room, quickly recovering, she said to the general practitioner who had brought her, "I expect it will be better than I usually get".

THE GERMAN GUN

The Capture

NOW that Pacifists, Defeatists, Cynics and Doctrinaires of all kinds are prowling around our Gun the time seems ripe to recount something of its history, which may not be known to the present generation of students. It is for this purpose we reprint the following account from the JOURNALS of 1918, together with some personal reminiscences from those who took part in the events of that and the following year.

* * *

At ten o'clock on the third night of the armistice a three-ton A.S.C. motor wagon, procured by stealthy and nefarious bribery and corruption and crammed with conspirators, left the Smithfield Gate of the Hospital.

A banner (debtor to Catering Company—one tablecloth) floated over the canopy bearing the words "BART'S FOR EVER" in large, if somewhat straggly, black letters, and from within came the sound of ironmongery violently beaten with pokers, and so the avalanche of noise swept down Giltspur Street into the night. On it went down Holborn, heralding its approach by *fortissimo* cries of "BA-A-A-RT'S", the only incident in the comparatively deserted streets being an invasion by Boy Scouts. This being an exclusively Hospital show, all hands were piped to repel boarders, and the invaders were gently but firmly deposited in the road.

Speed slackened somewhat in Trafalgar Square, which was crowded with people. We cheered: the crowd cheered: everybody cheered: stately policemen looked on with a kindly and sympathetic eye, regarding us merely as joy-riders.

Then came the *coup d'état*. The lorry swung round at the Admiralty Arch and stopped, the tailboard dropped, and a crowd of pirates, led by a strange and fearsome figure with a coil of rope round his waist and brandishing a femur in his hand, streamed off the lorry and through the Arch. Somewhat amazed, the crowd gathered round. Back came the landing party at full speed, towing behind them a 77 mm. German field gun. The inevitable and ubiquitous policemen appeared:

"You can't have that gun!"

The reply was obvious:

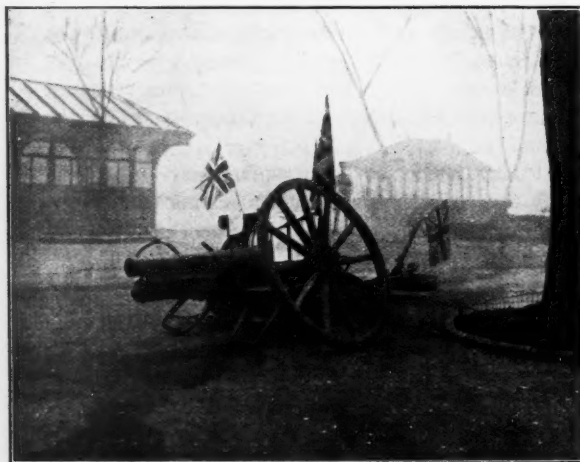
"Can't we?" And what were two among so many?

By superhuman exertions some self-sacrificing individuals got the trail of the gun lashed up to the frame of the wagon, despite the pressure of the too curious crowd and the suffocating blast of the exhaust pipe in their faces.

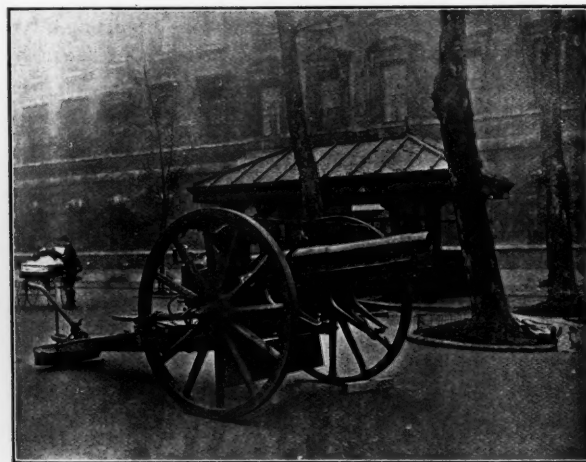
It was done. Everybody climbed on board ; members of the crowd who had taken their places *in absentia* were slung out, and the lorry started with a jerk. The tail-board not being fastened up, at least five people fell out into the road. By good luck the rope broke at the same time or the gun would have gone over them. The casualties were collected, the rope re-tied, and a fresh start made. This time the gun started satisfactorily, but after going about ten yards one of the wheels came off. In spite of the shouts from those behind, those in front heard not and heeded not, and on went the car of

greeting when they saw the lorry with its banner, but as it passed them and the trophy came into view, their faces changed and once again took on their most official look, but too late to do anything.

Up Ludgate Hill and across to Holborn, up Giltspur Street and round to the Smithfield Gate came the trophy—a flying vision of sparks and noise. The gate was shut but in a few minutes it opened—again I know not how it was wangled—and a thunderous din arose as the gun went through the archway. On meeting the second archway the driver, who had driven so well the whole



THE GUN AS "CAPTURED".



THE GUN AS "RESTORED".

Juggernaut, the gun reeling drunkenly behind on one wheel and the axle, striking sparks out of the road and making a truly satisfying noise. By the sides ran men armed with stretcher poles to clear a passage through the crowd. On the steaming bonnet (there was no water in the radiator when the sorely tried engine got back to the Hospital) there sat, with Spartan fortitude, one with burnt-corked face and an unspeakably disreputable bowler hat, minus the brim, who blew unceasingly upon a whistle. High overhead on the canopy rails, one of Gamage's cheapest and noisiest drums added to the din.

Having got safely through Trafalgar Square without killing anybody, so far as is known at present, there was a check in the Strand. Two resolute policemen stood in the way and the wagon had to stop. A moment later it started again, the policemen disappeared (exactly how I know not), and their places were taken by Colonial soldiers who ran on ahead to clear the way. The pace quickened and the rest of the Strand and Fleet Street were taken non-stop. Several "specials" waved a

way, made his first mistake. The gun being dragged along as it was did not ride behind the wagon centrally but swung out to one side. Hence the wagon got through safely, but the one remaining gun wheel hit the arch and straightway fell off. The rope snapped again. The remaining twenty yards of its journey into the Square were slow and painful—man-handling a wheel-less gun is not easy—but at last it was in position near the Fountain.

Of the other events of that night, of interviews with detectives and of visits to the police-station, this is not the place to speak !

Next day the gun was propped up on its one remaining wheel and a wooden stool, and was surrounded by an admiring crowd most of the morning. However, the crowning touch—unhoped for and unexpected by most—was yet to come. At half-past one in the afternoon, when the crowd was at its greatest, including many members of the staff, a taxi dashed into the Square, and out of it came four men who produced from it, as a conjuror produces rabbits from his hat—the missing

wheel! Well, perhaps not *the* missing wheel, but at any rate, and good enough, *a* wheel. It was looted in broad daylight. *Succès épatant!*

The gun now stands in the Square as it stood in the Mall—complete except for the damage done to it by shell-fire.

The following morning it was securely chained to the Fountain, for an ultimatum arrived from some envious rivals to the effect that if not delivered up to them they would take it. So far they have not done so.

This, then, is a chapter of that gun's adventurous journey from Essen to Bart.'s. The earlier chapters remain an unknown epic of valour, which will probably be revealed some day; as for its future history, it is unfortunately a "claimed" gun, so it will probably have to be restored to its rightful captors. But it is a trophy that eclipses the milk-churn of our envious rivals.

The Presentation

For some weeks this interesting relic was allowed to remain in the Square, where, needless to say, it was the subject of much interest. A letter was forwarded to the commanding officer of the battalion responsible for the capture of the gun in France asking for permission to retain the trophy, and the following letter was received in return:

"Dear —,

"I was much interested to hear what had happened to one of our guns. I shall be proud to think of it in your Square. Of course I cannot give you any official authority to keep the gun, but bar that I think the best place is the one you suggest.

"Speaking on behalf of my Brigade I am only too glad that your Hospital, which has done so much to help us win the war, should keep the trophy.

Yours sincerely,

"M. CROFTON,

"Lt.-Col. R.F.A.,

"O.C. 317 Bde., R.F.A."

A week or two later the gun was removed, and now we are most pleased to learn that Viscount Sandhurst has received a letter from the War Office granting permission to the Hospital to have the gun back and to keep it as a permanent memento.

This decision was largely due to the intercession of the Brigade Commander under whom three Bart.'s men had served in France at the time the gun was captured, and who were so well liked that the O.C. wished to show in this way the appreciation of the Brigade.

The Second Capture—and Recapture

A further short but exciting chapter in the history of the gun may be added. About 2 o'clock in the afternoon, in a day of early November, 1919, a head

appeared at the door of the Anatomy "Rooms" and shouted, "The gun's been taken!"

Scalpels and forceps were dropped, and instantly the Department was deserted. At the same time others emerged from the Biology Laboratory and a party of twenty-five or thirty students, heedless of time or duty, left at a steady pace by the Smithfield Gate. This pace was never slackened until the gates of University College were reached. It is a fact that this party of perspiring anatomists and biologists ran without a halt through the streets from Bart.'s to Gower Street. The gates had been closed, but the sight of their stolen gun mounted up on the steps of the College spurred the runners to further efforts. The gates were burst open and the party faced a crowd of University Collegers, four times their number, surrounding the gun on the steps. All the details of the valiant hand-to-hand battle that was waged late into the afternoon cannot be recounted. Clothes were torn, lips cut and eyes closed. The Bart.'s contingent reached the gun, and one stout member of our Rugger XV maintained his position astride the barrel against enormous odds. As time went on a fire-hose was brought to play on the scene (it is not known by whom nor even by which side), but apart from cooling tempers and persons, and breaking sundry windows, it had little effect on the fight and the gun remained uncaptured. It was not until both sides were exhausted, as the winter afternoon drew in, and Sir Gregory Foster in person demanded order, that the handful of bleeding, but not daunted, anatomists and biologists returned to Smithfield, gunless.

The same evening the party, augmented to a proper strength, marched to University College, and within an hour had returned in triumph with the gun, so that it did not sleep even one night away from home.

"We Want Our Gun!"

A parallel account of these events appeared in the *Star* of the day. It ran as follows:

"An exciting 'rag' took place on Armistice Day (1919) between the students of St. Bartholomew's Hospital and University College.

"The contest centred round the possession of the German gun presented to Bart.'s last year by the War Office, and the result, so far as Bart.'s is concerned, was a complete triumph for the Hospital.

"They regained possession of their gun and 'bagged' other trophies, including a gate, a fire extinguisher, and two plaster statues.

"About 400 students from University College took the initiative at 2.30 in the afternoon. They marched in a body from Gower Street to St. Bart.'s and captured



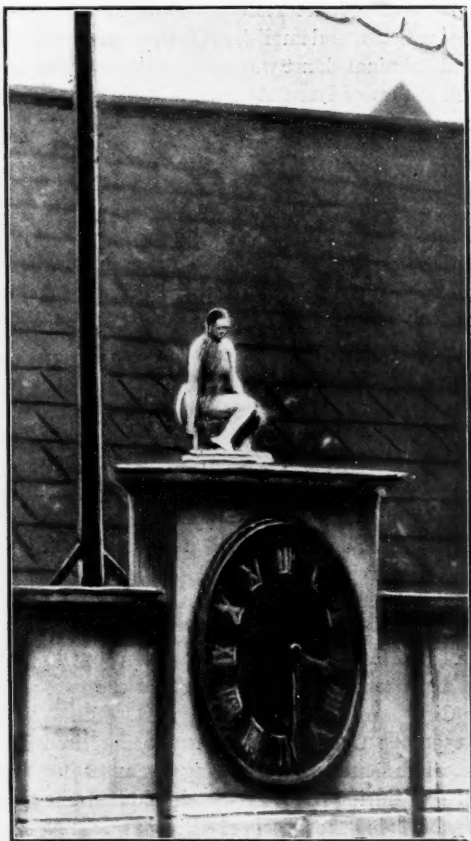
THE VICTORIOUS STORMING PARTY.



TROPHIES OF WAR.

the gun. They met with little or no opposition till the Assistant Matron gave the alarm.

"Then over 80 of the St. Bart.'s men rushed from the 'theatres', lecture rooms and Hospital in an effort to rescue their trophy. But the gun was safely lodged within the gates of University College, the gates locked, and the entrances barred to all oncomers.



ANOTHER TROPHY MOUNTED IN THE SQUARE.

"The medical students, however, rushed a side entrance and reached the quadrangle.

"Crying 'We want our gun!' the students surged forward but were greatly outnumbered, no less than ten men collecting round one opponent and carrying him to the gates.

"At least three attempts were made by Bart.'s, but owing to the superior numbers and the use of fire extinguishers they had to retire on each occasion. Eventually the gate, however, was wrenched off its hinges and taken as a trophy.

"The medical students returned to the Hospital,

held a meeting, and decided to recapture the gun at 7.30.

"Over 200 men 'mobilized' for the second counter-attack, amongst the leaders being a well-known international Rugby player and several ex-Artillery officers. They marched to Gower St., and at the entrance to the College about 80 police, under an inspector, met them and appealed for order. This the students promised.

"They formed a 'gun-team' and mounted the steps to the main entrance, and brought the gun out to the cheering crowd in triumph.



THE CAUSE OF ALL THE TROUBLE.

"With the pride of victors the students paraded Tottenham Court Road, Piccadilly, Leicester Square, the Strand and Holborn displaying their trophies.

"It appears that the University, to the number of some 400, visited Bart.'s at 2.30 in the afternoon. The students and house surgeons were then doing duty in the wards and the University had an easy task. They simply took the gun from its place near the Pathological Laboratory and dragged it away, having posted two phalanxes on each side of the Henry VIII Gate in case of surprise.

"Ten minutes later,' one of Bart.'s said, 'we followed and caught them near the College. We had a big fight. They fought with bones, and I had a smash with a spade. Their girl students joined in, but the Hospital nurses cheered us. We got the gun to the gate, but we were outnumbered 6 to 1, and had to retire.'"

The report concludes by saying that a skull played a prominent part in the raid, being used alternately as a missile and as a rallying "standard".

Both the *Star* and the *Daily News* made an error in stating that the statue of Phineas, which the U.C.H. regard as their mascot, was smashed during the recapture of the gun. The inaccuracy of this statement was very disturbing to the University men, who went in a body the following afternoon and publicly burnt the newspapers in Bouverie Street.

Legend

War and strife are the foundation of legend. Who shall tell in the heat of battle whether that hero killed a thousand foes or none? So tales grow, whispered at firesides by the old men whose dreams are bright of the past.

Homer had gods and godlike men for heroes, but we—we have our gun. Shall we fail to increase those stories we have heard? How men from out the West, jealous of our conquest, took our gun by stealth, and how great was the alarm and counter-attack; how gates crashed before our battering rams. How there was a running together and not a few heads were cracked. Indeed it was mightily done.

The triumph home once more, when gun and hostile mascot returned to our Square. And then—O shameful tale!—how girls came to us and begged release of their monstrous effigy. How graciously we returned it—so proud to serve those petticoated men. By what witchery were our men bemused—heroic generation?

Scrap iron is high. How shall the legend end?

OUR CANDID CAMERA



LIMEHOUSE NIGHTS:
A game of p-a-k-a-poo in progress.

THE "OLD BAILEY".

THE title of this article is the "Old Bailey", but in reality there is no such Court. The Central Criminal Court is its correct name. The Old Bailey is the name of the street on which it faces, but to the public it has always been and always will be the Old Bailey.

The present Court stands on the site of Newgate Prison, which was demolished in 1901, and the present Central Criminal Court was then built—very largely of the old stones of Newgate Prison, which were refaced.

Newgate Prison or Gaol began very modestly—being only the Gate House of the New Gate, and was apparently first used only for the detention of offenders or suspected offenders approaching the Gate, but it seems rapidly to have attained to the dignity of the principal prison of London, and within its massive walls were incarcerated nearly all the most notorious criminals and our most illustrious martyrs, save those predestined for the Tower of London.

Our ancestors seem to have deemed it more important to secure their criminals than to bring them to trial; gaol delivery took place only once a year, consequently the provision of a place of trial was a matter of minor importance. The Sheriffs and Corporation hired a suitable room nearby where prisoners might be tried and the Judges entertained to a feast. Feasting has always been regarded as inseparable from the due administration of law and justice. Lunch for the Judges and a certain number of the Bar is provided daily in the Lord Mayor's Parlour at the Old Bailey at the expense of the Lord Mayor and the two Sheriffs of the City.

In 1539 the Court of Aldermen, being tired of the periodical difficulty of obtaining premises for trials, passed a resolution that a house should be built for the purpose of trying the prisoners delivered from Newgate. It was laid down that this house should be built over against the Fleet Lane in the Old Bailey.

Such was the genesis of the Sessions House, and on the same site next to the gaol from which it drew a never-failing stream of prisoners have risen successive buildings, each larger and more elaborate than the last, all dedicated to the Majesty of the Law and the advancement of the legal profession.

The story of the Old Bailey cannot be separated from that of Newgate Gaol; in common they shared the tragedies caused by the brutalities of the early Criminal Law, and the history of both reflects the very slow and gradual appreciation of the fact that even criminals and prisoners are entitled to be treated as human beings.

Liberty and the Cat.

The Gaol in 1381 was broken open by Wat Tyler and his friends, and some of the prisoners were released. It was rebuilt in 1422, thanks to the munificence of Richard Whittington, thrice Lord Mayor of London, part of whose estate after his death was utilized to re-edify the gaol of Newgate. In grateful memory of this patron, in a niche in front of the prison was placed a stone figure of Liberty with the proverbial cat at her feet.

It was resolved by the City Fathers that the Sheriffs should not farm out the gaol, but should appoint as keeper a man of good repute, who was not to be called upon to pay a premium for the position. The gaoler was to undertake not to extort money from his prisoners by putting on or taking off irons, or by any other favours or inducements. The gaoler was allowed one perquisite only, namely, to take from each person when set at liberty the sum of 4d., as from ancient times has been the usage. Why it should have ever been thought right for a discharged prisoner to be called upon to pay any fee it is hard to understand, yet it is evident from the Records that innocent, but impecunious prisoners experienced the greatest difficulty in obtaining their release. To anticipate, in order to deal with this subject we find that in 1732 an order was promulgated that all prisoners acquitted at the Old Bailey should be released "without fees", but this order was constantly evaded, and many an acquitted prisoner was returned to Newgate and there kept until he or his friends could settle the gaoler's account. So little were the gaoler and prison officials to be trusted that an Act of 1774 required that acquitted prisoners "shall be immediately set at large in Open Court".

Crime and Corruption.

The open and flagrant breach of the resolutions to which I have just referred was one of the chief causes of the miseries of prisoners in Newgate from the year 1400 down to the beginning of the nineteenth century. The office of Keeper of Newgate was openly sold in the market, and the keeper, having expended money for the position naturally set about recouping himself by the only means in his power, namely, extortion practised upon the prisoner.

The position appears to have been regarded as one of the most lucrative posts in the gift of the Sheriffs who were responsible for the safe custody of those within the walls of Newgate. As instances of this we find one, Capt. Richardson, purchased his place as Keeper for £3,000, and the records show that the position was purchased in 1755 for £6,051. Fixed salaries were not the practise in those days, and the

officers of the Court were also paid by fees, consequently the more crime—the better they liked it.

Whittington's gaol was roughly divided into three sides, the Press Yard, the Master's side and the Common side. The Press Yard and Master's side were for those who could afford to pay the rent demanded, and any premium which the reputation or appearance of the prisoner seemed to justify. Premiums ranging from £20 to £500 were demanded, and the prisoner had to decide between submitting to this extortion or taking up his abode on the Common side, where he had thieves and villains for associates and was, in the word of an inmate, "perpetually tormented and eaten by vermin". The weight of chains depended upon the price a prisoner could pay for "easement of irons", and it was a common practice to overload a newcomer with enormous fetters and so terrify him into lavish disbursement.

Home Comforts.

One of the chief sources of the revenue of the gaoler was the drinking cellars to which the prisoners had access on payment of 1s. 6d., and where wine and strong drink could be obtained at what to us at any rate, seem very reasonable prices—wine at 2s. a bottle, beer at 4d. a quart, and brandy at 4d. a quartern. An interesting sidelight on the profits to be derived from the prison bar is seen from the case of Sir Francis Mitchell, a Justice of the Peace for Middlesex, who in 1638 got into trouble for receiving a payment of £40 a year on condition he committed all his prisoners to Newgate, there to swell the profits of the gaoler. The gaolers, in addition to reaping a golden harvest from the sale of strong drink, were not above making a profit on the water used by the wretched prisoner. The water supply was always a problem for the gaol. In 1430 we find Thos. Knowles, a charitable grocer, and twice Lord Mayor of London, conveying the waste water of his cistern near to the common fountain of St. Nicholas to the gaols of Newgate and Ludgate for the relief of the prisoners. That the gaolers endeavoured to turn this supply to their own purpose is clear from an ordinance of the Court of Aldermen that the Keeper of Newgate should not sell the water, and that any profit arising from the water supply should wholly belong to the use of the prisoners there, and of none other.

For those unable to purchase the squalid comfort of the Master's side was reserved the Common side, which was mainly composed of underground dungeons into which the prisoners were lowered, to fight with rats for the meagre pittance of food thrown to them. Many vivid descriptions of this side are contained in tracts or writings published by prisoners or their friends. In one we are told that in the dungeon of the "lower

ward" the prisoners deprived of light and air, paced the stone floors amidst unutterable filth with the lice crackling under their feet like shells upon a garden path.

It would not be possible to attempt to include even a list of the famous prisoners who have been housed at Newgate. Perhaps its proudest boast is that it actually entertained a Lord Chief Justice, namely, Lord C. J. Wright, who was imprisoned in 1688 on a charge of attempting to subvert the Government, and who died miserably in the gaol two years later.

In one respect Newgate of the seventeenth and eighteenth centuries appears to have been preferable to our modern prisons. I refer to the indulgence by which members of the fair sex were allowed entrance in order to comfort and console their natural lords and masters. A good example of this is shown by the case of John Barnardi, who was arrested in 1689 for political reasons, thrown into Newgate, and in his own words "loaded with heavy irons and put into a dark and stinking apartment". He was taken to the Old Bailey and was about to be bailed out, but at the instance of the Treasury Solicitor, who it is said "whispered the Judges on the Bench", was returned to Newgate, and by a special act was kept there for twelve months on the plea of waiting for further evidence against him. By successive Acts of Parliament he was kept a prisoner without any charge being made against him. Consolation came to him in his 68th year, when, in Newgate he married a virtuous, kind and loving wife; in his own words she proved a "true help-meet", and the truth of this can be realized when we learn that within the precincts of the prison she bore him no less than ten children. Finally, in 1736, after nearly fifty years imprisonment, Barnardi died, still untried, and still in Newgate, a shining example of a man who did his very best to adapt himself to his unfortunate surroundings.

Gaol Fever.

In 1750 the Sessions House, after repeated renovation and enlargement, is described as "a fair and stately building", but the neighbouring gaol remained in the words of a Sheriff "an abominable sink of beastliness and corruption". In this year the City Authorities were convinced of the necessity of rebuilding and enlarging the gaol by a calamity which affected them very closely, namely, an outbreak of gaol fever. For centuries this fever, which we should now call typhus, flourished in Newgate, an ideal breeding-ground for disease. So long as it reached only the prisoners and gaol officials, little heed was taken. But at the May Sessions at the Old Bailey in 1750 the fever showed in disturbing fashion that it was no respecter of persons. The Court, barely 30 feet square, was crowded during

the hearing of a murder trial. In two small rooms adjoining the Court were kept all day a hundred prisoners awaiting trial, many of whom had long been closely confined in pestiferous Newgate. A draught of infected air played straight from these rooms on to the bench upon which were seated the Lord Mayor, two Judges, and an Alderman. These four were all seized with the distemper and speedily succumbed, and more than 40 other less important mortals, such as Under-Sheriffs, Court Officials, Barristers, and members of the public, met a similar fate. This caused consternation, and the Corporation of London, spurred on by a letter from the Lord Chief Justice, appointed a Committee to ascertain the best means of procuring in Newgate such a purity of air as might prevent the rise of those infectious distempers. A system of ventilation was installed, the updraught being obtained by a kind of windmill placed on the roof over the centre of the prison. A less pleasant expedient was devised for purifying the air of the Sessions House, a system of pipes being planned to convey the fumes of vinegar into the Court.

The menace of this fever, as is well known, gave rise to the custom of placing rue and aromatic herbs in front of the dock and strewing them on the Bench, and is the forerunner of the charming little custom in existence at the present day of providing the Judges at the Old Bailey with tasteful little posies which go far to modify the sombre dignity of their entrance upon the Bench.

In 1766 the prison was rebuilt at a cost of £50,000, and a new Sessions House at a cost of £15,000. No sooner had this been carried out than the new buildings were called upon to pass through the ordeal of the Gordon Riots. The story of the burning and sacking of the gaol is too well known to be more than mentioned. For the first time since the far-off days of Wat Tyler, the vaunted strength of Newgate was set at naught, and men were free to come into and go from the prison as they pleased. The whole of the 300 prisoners were set free, though many were subsequently retaken. Dr. Johnson came from Fleet Street to view the scene next day, and relates how he gazed upon the ruins of Newgate, and how he actually saw the Protestants plundering the Sessions House at the Old Bailey. He says of the plunderers: "They were not, I believe, 100, but they did their work at leisure, in full security, without sentinel, without trepidation, as men lawfully employed in full day. Such is the cowardice of a commercial place." The great keys of Newgate, stolen on this occasion, were found many years later at the bottom of an ornamental pond in St. James's Square. How they came there has never been ascertained.

J. AVORY TICKELL.

(To be continued.)

SPORTS NEWS

CRICKET August 2nd, 1937.

Peper Harow v. St. Bartholomew's Hospital.

G. Ellis, b Scott . . . 12	Tickner, c cover point, b Dransfield . . . 0
T. Ellis, lbw, b Tickner . . . 6	Hancock, c Hunt, b Dransfield . . . 0
J. R. Thompson, lbw Payne . . . 7	Payne, c Hunt, b Dransfield . . . 16
P. G. Hill, b Payne . . . 4	Godson, c Hunt, b Hill . . . 1
Dr. Dransfield, b Scott . . . 56	Watkins, b G. Ellis . . . 1
Dr. Hunt, c Godson, b Tickner . . . 27	West, c and b Dransfield . . . 7
Dr. Prothero, lbw, b West . . . 5	Register, c and b Hill . . . 17
Dr. Thorne-Thorne, c and b Payne . . . 14	Atchley, c Thompson, b Dransfield . . . 30
J. Tickner, b Payne . . . 0	Gunter, not out . . . 1
MacPherson, b Payne . . . 21	Baker, b Dransfield . . . 0
G. A. Paller, not out . . . 10	Scott, b Dransfield . . . 0
Extras . . . 7	Extras . . . 10
Total . . . 169	Total . . . 83

Bowling.—Dransfield, 7 for 31.

The Cricket Season ended with a most enjoyable tour in Somerset and Devon. Altogether twenty-six matches were played. Of these ten were won, five drawn and eleven lost. One match had to be abandoned on account of rain.

AVERAGES FOR ENTIRE SEASON.

Batting.					
	Number of innings.	Times not out.	Highest score.	Total number of runs.	Average.
R. Heyland . . .	27	3	128	926	38.60
R. N. Grant . . .	15	3	100*	350	29.16
J. North . . .	25	4	72*	528	25.14
C. T. A. James . . .	16	1	49	275	18.30
D. J. A. Brown . . .	24	1	86	400	17.40
R. Mundy . . .	14	2	56	208	17.30
W. M. Maidlow . . .	17	0	64	272	16.00
T. K. Whitmore . . .	11	1	33	120	12.00
E. O. Evans . . .	10	2	53*	83	10.40
S. T. Rutherford . . .	7	3	19	37	9.30
D. R. S. Howell . . .	5	1	13	35	8.70
P. M. Elder . . .	13	0	43	108	8.30
J. J. Slowe . . .	10	5	15*	40	8.00
C. G. Nicholson . . .	5	1	12	25	6.25
B. G. Gretton-Watson . . .	10	2	13	30	3.75

* Not out.

The following had less than 5 innings:

J. W. G. Evans . . .	3	innings, average 43.5
J. Burnett . . .	4	" " 12.75
M. Bates . . .	4	" " 11.8

Also batted: J. Craig-Cochrane, G. A. Akeroyd, J. R. Napier, R. Sabry, J. V. T. Harold, D. Mail, P. Gimson, P. G. Hill.

Bowling.

	Overs.	Maidens.	Runs.	Wickets.	Average.
P. M. Elder . . .	54	8	202	18	11.2
R. N. Grant . . .	191	33	480	32	15.0
E. O. Evans . . .	70	12	239	15	15.9
R. Mundy . . .	191	25	611	32	19.0
R. Heyland . . .	51	7	197	9	21.9
B. G. Gretton-Watson . . .	93	1	495	22	22.5
C. T. A. James . . .	126	12	472	20	23.6
C. G. Nicholson . . .	47	5	167	7	23.9
S. T. Rutherford . . .	88	10	350	12	29.3
J. Craig-Cochrane . . .	81	13	302	10	30.2

Also bowled: J. V. T. Harold, J. North, D. J. A. Brown, J. V. Burnett, R. Sabry.

The Tour in Somerset and Devon.

THE TOUR IN SOMERSET AND DEVON.

v. **Somerset Stragglers**, at Taunton (two days). Lost. Bart's. 1st innings: 171 (R. Heyland 52, J. North 52, T. K. Whitmore, 26).

Stragglers, 1st innings: 301 (R. Mundy 2 for 83, R. Skea 4 for 96, S. T. Rutherford 2 for 47, P. M. Elder 1 for 22).

Bart's, 2nd innings: 80 (R. Mundy 23).

v. **Ilminster**. Lost. Bart's: 119 (P. M. Elder 43, R. Mundy 37, R. Skea 20).

Ilminster: 163 (S. T. Rutherford 4 for 26).

v. **Men o' Mendip**, at Bruton. Won. Men o' Mendip: 155 (R. Mundy 5 for 48).

Bart's: 223 for 3 (R. Heyland 101 not out, J. North 60 not out, D. J. A. Brown 27).

v. **Seaton** (two days). Won. Seaton, 1st innings: 114 (N. Grant 6 for 30, P. M. Elder 3 for 15).

Bart's, 1st innings: 182 (J. North 58, R. Mundy 36, T. K. Whitmore 21).

Seaton, 2nd innings: 84 (N. Grant 5 for 27, R. Mundy 4 for 36, C. G. Nicholson 1 for 11).

Bart's, 2nd innings: 21 for 0. Brown and Whitmore hit off the runs.

AVERAGES ON TOUR.

Batting.					
	Number of innings.	Times not out.	Highest score.	Total number of runs.	Average.
J. North . . .	5	1	60*	181	45.25
R. Heyland . . .	5	1	101*	173	43.25
R. Mundy . . .	4	0	37	96	24.00
T. K. Whitmore . . .	6	1	26	75	15.00
P. M. Elder . . .	4	0	43	49	12.25
D. J. A. Brown . . .	6	1	27	63	12.20

Also batted: R. N. Grant, W. M. Maidlow, R. Skea, J. J. Slowe, S. T. Rutherford, C. G. Nicholson, P. Gimson.

* Not out.

Bowling.

	Overs.	Maidens.	Runs.	Wickets.	Average.
R. N. Grant . . .	45	8	112	12	9.30
S. T. Rutherford . . .	19	1	73	6	1.22
P. M. Elder . . .	16	2	50	4	12.50
R. Mundy . . .	82	11	229	14	16.35
R. Y. Skea . . .	40	3	165	7	23.60
C. G. Nicholson . . .	17	1	36	1	36.00

CORRESPONDENCE

THE SWIMMING-BATH

To the Editor, 'St. Bartholomew's Hospital Journal'.

DEAR MR. EDITOR,—May I take this opportunity of congratulating you on the new style and content of the Hospital JOURNAL, and especially on the Coronation number. Doubtless there are many who disagree with your views from time to time, but none, I can be sure, welcome more than I do the improvements you have made.

I am really writing this letter with regard to certain remarks of a contributor of the Swimming Club of the Students' Union. Roughly he says, "What about a swimming-bath?" My answer is, "Well, what about it?" Being amongst the very few members of the Staff who annually attend the Inter-Hospital Swimming Gala, the need of a swimming-bath at Bart's has long been on my mind. I have taken pains to see that in future plans a provision for a swimming-bath is included. The College, however, is in debt to the tune of £20,000, which it has to collect in order to complete the purchase and rebuilding of the Charterhouse Square site. Further,

the students have induced us to sell our old playing-field and buy a much larger one. By the purchase of this site and the erection of a new Pavilion a further small debt has been incurred. The students themselves have erected some squash rackets courts and they are in debt for this item.

Now if every student in the Hospital is interested in swimming (which I gather from your contributor's remarks is the case), if each of them will help me completely to wipe out the debts which we have already incurred, then I can assure them that the College will set about building the Residential College, in which the swimming-bath is included. I may not very much longer remain as the Dean of the Medical College, but it would be a cause of great gratification to me if I can complete the scheme which we set out to carry through. It would, of course, be a laudable effort on the part of the students if, when they have paid off the debt on their Squash Rackets Courts, their future collections were to be allocated towards the swimming-bath portion of the Residential College.

But do let them remember that our duty is to wipe off the debts we already owe rather than to incur fresh ones.

Yours sincerely,

St. Bartholomew's Hospital.

W. GIRLING BALL,

E.C. 1. Dean of the Medical College.

August 26th, 1937.

To the Editor, 'St. Bartholomew's Hospital Journal'.

DEAR SIR,—Rumour again stirs up eddies in the Hospital: further schemes for improving the facilities and amenities it provides. This undercurrent bears whispers of a Residential Block for the students. Should this be true, it surely deserves whole-hearted support from all those interested in the progress of the Hospital.

I should like to add a hope—which will, I am sure, have wide support—that in the Residential Block a swimming-bath be included.

Not only from the amenity it would afford, but as a most valuable prophylactic measure against the illness, which, as the Dean states in his letter in your last issue, befalls the medical student.

Swimming is an excellent sport and pastime, and would enable large numbers to get the necessary exercise for the National Health improvement scheme in an enjoyable form.

Johnny Weismuller "swam his way to health". Why don't you?

I remain, dear sir,

St. Bartholomew's Hospital,

E.C. 1.

Yours truly,

P. QUIBELL.

THIS PHYSICAL TRAINING

To the Editor, 'St. Bartholomew's Hospital Journal'.

DEAR SIR,—In your last number you published a letter from the Dean, in which was proposed the institution of a system of physical training. Grateful as we must be that those in authority should interest themselves in the ever-present problem of how students are to obtain physical recreation, may we at the same time ask for some details of their scheme? If the physical training is to consist of P.T. as understood at school or in the O.T.C., it seems to me that there are at least three strong objections to it: First, students tend not to be free for the same periods of the day; secondly, a large number of people object from the start to anything so organized as P.T.; and thirdly, for a squad to reach any proficiency attendance must become compulsory. Needless to say, P.T. loses its point if there is not a sufficiently large number taking part.

Meanwhile I should like to put forward a few suggestions on a rather different line. It seems to me that in Charterhouse Square we have unique facilities for exercise, which could be utilized at a very small expenditure. I would suggest the following: (1) A miniature cinder running-track could be constructed, providing a circuit of from 300 to 400 yards. This could be supplied with a few low hurdles. (2) On the piece of waste ground behind the Anatomy Laboratory a jumping pit could be arranged. (3) In the same place a couple of deck tennis courts could be marked out. (This is a much better game than generally supposed, and can be played on any surface, in almost any weather.) (4) If the large piece of grass is not destined for higher things, it could be set up as a pitch for six-a-side hockey or some such light-hearted game. (5) And one day, perhaps, we shall have a swimming-bath.

Finally, if it was felt that some measure of organization was necessary, a series of competitions—possibly inter-firm—including relay

races, squash matches, jumping, etc., could be inaugurated. The effect should be beneficial in the Inter-Hospital Sports.

I am, Sir,

Yours sincerely,

J. C. RYLE.

P.S.—We might build an artificial rock-face for the Bart.'s Alpine Club too!

MR. COZENS BAILEY'S APHORISMS

To the Editor, 'St. Bartholomew's Hospital Journal'.

SIR,—In your issue for July you quote one of Mr. Cozens Bailey's aphorisms—

"When the bladder's opened
Bile begins to flow;
When it's going to stop again
Doctor doesn't know."

I think that is probably Mr. Bailey's recollection of a verse which appeared in the JOURNAL some twenty or thirty years ago. At that time some contributor wrote suggesting that in those scientific days children should be taught something more sensible than the silly nursery rhymes then in vogue, and that at any rate doctors' children should have something more scientific; for instance, he said, the children of "our eminent gall-bladder surgeon" might be taught—

"Sing a song of sickness,
Yellow in the eye,
Five and twenty gall-stones
—Choledeotomy!
When the duct was opened
The bile began to flow,
And when the deuce it's going to stop
The surgeon doesn't know."

He then proceeded to fit equally appropriate verses to several other members of the Staff—I think Dr. Norman Moore was one.

If you could only unearth these buried treasures, they would be well worth including in *Round the Fountain*.

Yours faithfully,

MAURICE G. PEARSON.

The Homestead,

554, Musgrave Road,

Durban, Natal.

August 5th, 1937.

* The allusion was to Mr. Waring.

To the Editor, 'St. Bartholomew's Hospital Journal'.

SIR,—As one of Mr. Cozens Bailey's dressers and his last house surgeon before he retired, just after the war, I have been very glad to see some of his aphorisms appearing in the JOURNAL. "What I always say is . . ." preceded many a terse clinical truth, and it is good to know that these have been saved from the limbo of forgotten things. You have printed sixty, and I imagine that with that round and goodly number you are going to stop. But there are still one or two missing, and these of the pithiest. Perhaps you have omitted them deliberately, feeling that their flavour might be too salty for some queasy stomachs. If this be so, I venture to think that it is a pity, for their very saltiness was so characteristic of the man and his method. For this reason I send you the few more that I can remember, in the hope that you will publish them, and so complete a happy recollection.

One further point. I would suggest that these aphorisms might be reprinted in pamphlet form and made available for those of us who remember Mr. Bailey. I, for one, should very much like to have them. But if this is to be done, there are one or two corrections which should be made in those that you published in the May issue. As Bailey taught, his sentences came trippingly off his tongue without thought for careful grammar and composition, and were all the more telling for their colloquialism. One or two of those published in May have been altered so that, while the English form may be better, they are not as they were said, nor so good. Thus:

16. "I know only . . ." should be "I only know . . ."

18. "of it" at the end should be omitted.

19. "You may examine a patient with a hernia . . ." is the correct version.

21. "A touch of the piles", Mr. Editor, *vide* almost any outpatient.

25. "... tuberculous glands in the neck ..." not "the posterior triangle"—not so pathological, I know, but much terser and actually what was said.

27. The original was much better—"98% of cases of leucoplakia of the tongue are due to syphilis; the other 2% are your friends and relations".

I am, Sir,

Yours faithfully,

E. MILES ATKINSON.

570, Park Avenue,
New York City;
July 20th, 1937.

[The additional aphorisms sent by Dr. E. Miles Atkinson are being added to a reprint of those we have already published in the JOURNAL. The reprint will be available for those interested.—EDITOR.]

THE CAMBRIDGE SCIENTISTS

To the Editor, 'St. Bartholomew's Hospital Journal'.

DEAR SIR,—I apologize for trespassing on your space again, but Mr. Potter, in his reply to my letter criticizing his review of *The Protection of the Public from Aerial Attack*, attributes to me two very stupid statements that I did not make, so that I shall be grateful if you will allow me to clear myself.

He says that I suggested that the opinions of the authors of the book on what is the best method of preserving peace deserve respect by reason of their research in crystallography, anatomy, botany, etc. If Mr. Potter will read my letter he will see that there is nothing whatever in it about preserving peace; what I tried to suggest was that a distinguished record of research in physiology, physics, and biochemistry, was a very good qualification for the study of air-raid precautions.

Secondly, by taking part of my last sentence, extracting some of the words and inserting some of his own, and enclosing the lot in inverted commas, Mr. Potter commits me to a "rather astonishing statement". Again, if he will read my letter, he will see that I did not make it.

I am also interested to see that considerations of space prevented Mr. Potter from giving as detailed a criticism of the evidence in the book as he would have liked. Like everyone else who has criticized the book in the six months that it has been out, he has unfortunately had to content himself with vague and largely irrelevant abuse.

Yours faithfully,

B. M. WRIGHT.

St. Bartholomew's Hospital,
E.C. 1.

FIND THE MURDERER!

To the Editor, 'St. Bartholomew's Hospital Journal'.

SIR,—The article in your last issue about the two printed books most intimately connected with the earlier history of the Hospital prompts me to raise two other points with regard to more modern times.

First, I have a book of *Private Devotions* which were "printed for M. Garthwait in St. Bartholomew's Hospital, near Smithfield, 1670". These ten pages of prayers are added to Hammond's *The Gentleman's Calling*, which was printed by Norton in 1671. Some eight years ago I believe I had another book from the same press entitled *The Causes of the Decay of Christian Piety*, by the same author (who enjoyed a considerable vogue in the post-Fire years). It would be interesting to know where the press was situated, for how long it functioned, and whether any books of a more worldly nature were produced.

Secondly, with regard to the skeleton of John Thurtell. This man murdered William Weare in 1823 and by so doing reached the peak of notoriety, incidentally influencing English writers from De Quincey to Borrow. After his execution Thurtell was brought to St. Bartholomew's and delivered to the Surgeons. A contemporary illustration pictures him "As he appeared in St. Bartholomew's Hospital, being the only exact Likenesses taken of him after his Execution". The book notes with satisfaction that "almost indiscriminate admission of the Public took place" until the labours of Abernethy and his colleagues "rendered it both a matter of prudence and of public decency finally to close the door against

further admission". Finally, "The skeleton is to remain permanently in the Hospital". Did some iconoclasts consider it "neither useful nor beautiful" (like the German gun), and was it therefore destroyed, or does it still reside in some cupboard in the precincts?

August 10th, 1937.

Yours faithfully,

E. M. ELMHIRST-BAXTER.

REVIEWS

The History of the Acute Exanthemata. By J. D. ROLLESTON, M.A., M.D., F.R.C.P., F.S.A. (William Heinemann, Ltd.) Price 7s. 6d.

This book is a collection of the Fitzpatrick Lectures for 1935 and 1936 delivered before the Royal College of Physicians. They make fascinating reading for anyone who can remember that there were once days when medicine bordered on philosophy, when there was much doubt, and when almost any theory was permissible for lack of authoritative refutation. Out of those early speculations has emerged our present-time clear-cut conception of the acute exanthemata. This is the pageant which Dr. Rolleston unfolds before us.

The history of each fever is traced from its earliest recorded occurrence through the succeeding centuries, gaining in description at each new era, right up to the twentieth century. The claims of early pioneers are examined critically, and credit is given to those who really discovered new things. It is astonishing to hear such accurate and detailed descriptions from the early observers.

This book will help the modern doctor to see in proportion as well as giving an added interest to his work.

What is Osteopathy? By CHARLES HILL, M.A., M.D., D.P.H., and H. A. CLEGG, M.A., M.B., M.R.C.P., with a Preface by H. G. Wells. (J. M. Dent & Sons, Ltd.) Pp. 217. Price 7s. 6d.

The title of this book is appropriate in that it leaves open a question which is apparently unanswerable. A patient but unsuccessful attempt is made to find a definition which will make osteopathy distinct from the legitimate practice of medicine. A definition borrowed from America makes no real distinction between the two. It has entirely abandoned its first claim to be "drugless medicine and bloodless surgery". However, it seems clear that disease is caused by "an osteopathic lesion", the nature and site of which varies with the individual practitioner. It may be a dislocated hip, a twisted rib, a dislocated spine or an acid muscle. Very slight trauma, such as a bad habit of sleeping, is liable to cause it. In its train follow goitre, constipation, gastric ulceration, pneumonia, typhoid, dental caries or insanity. These are cured by correcting the primary lesion.

The authors are careful to distinguish genuine results obtained by skillful manipulation of joints from satisfactory results obtained by manipulation of the spine for, say, pernicious anaemia.

Although written primarily for the layman this book is a welcome addition to a medical library. The first part deals with the development of osteopathy after its revelation to A. T. Still—"the old doctor". He was a self-taught anatomist with original ideas about pathology. The second part examines these ideas. It is patient and impartial and good humoured. The third part deals with the medical education of the osteopath. Here the orthodox student, tottering under a heavy and constantly growing syllabus, will find a message of hope. There is at least one easy way into practice—unregistered—as yet.

Buchanan's Manual of Anatomy. Edited by J. E. FRAZER, D.Sc., F.R.C.S. Sixth edition. (Baillière, Tindall & Cox.) Price 35s.

In this new edition opportunity has been taken to revise the text and to modernize the terminology by alteration to the revised Birmingham version (except to some extent in the embryological section).

For those who are not familiar with this text-book some salient features will be described: The subject-matter, except for the specialized sections on embryology, osteology and the central nervous system, is arranged topographically. This is refreshing. The human body is not a list of muscles, nor an arterial "tree" as some other text-books would have readers believe.

The book is concise and well-written, and unnecessary detail is avoided. The text is arranged in note-form wherever possible, with heavy print for each fresh anatomical part. Numerous illustrations, black and white diagrams and simple coloured pictures form no small part of the book's value. However, it is a pity that there are no X-ray plates of the more important anatomical features which are difficult to visualize in the cadaver.

Though this text-book may not possess the reputation of Gray, modestly announcing itself as a manual, it could with advantage replace the verbose and inaccurate book still in existence in at least one famous anatomical school.

War Dance: A Study of the Psychology of War.

By E. GRAHAM HOWE, M.B., B.S., D.P.M. (Faber & Faber.) Price 7s. 6d.

This is a remarkable book. In it the author seeks to explain the world-wide unrest, fear and dissention as being due to the inward restlessness, anxiety and tension of the individual. From the metaphysical concept of the duality of life as expressed in the relation of I and ME, he demonstrates the essential polarity of all things—a negative and a positive phase—connative thought producing interference, conflict, and cognitive thought resulting in "illuminations". "Our trouble does not lie with those of evil genius who would injure us, but with those of good intention who would alter us . . .", thinking what is good for them must be good for us—interference thought. Again the future involves suspense: there are two ways of dealing with the problem—positive acceptance of suspense and inward peace, or a negative attitude meaning anxiety, fear, action. Adopting this latter way of life an individual looks for self-defence in wealth and a nation in armaments.

There is much to be said for Dr. Graham Howe's line of thought; and he argues ably, adopting the old teaching of Heraclitus, "That life is a harmony of opposing tensions like the lyre and the bow". Disharmony lies deeper than the traditional causes, being the result of a negative attitude of the individual. Tolerance, acceptance, love for one's enemies, these produce inward and outward peace; and he who would reach this ideal state is urged to "Watch and Pray".

The metaphysical is indeed a novel approach to the elucidation of the causes of war; and for this stimulus to (cognitive!) thought the author must be congratulated and also forgiven for the exaggerations in the early chapters and those summaries of chapters.

Mathematical terms— $\sqrt{-1}$ —and diagrams illustrating the 4th dimension in relation to life lend further value to the book for those able to appreciate them.

The Common Neuroses: Their Treatment by Psychotherapy.

By T. A. ROSS, M.D., F.R.C.P. 2nd edition. (Edward Arnold & Co.) Pp. 232. Price 10s. 6d. net.

This book is "an introductory to psychological treatment, for students and practitioners". Ever since it first appeared in 1923 it has grown in general esteem, and has been the forerunner of a host of works based upon similar lines, but few of which have attained its simplicity and practicability.

Dr. Ross's aim has been to write a book, not affiliated to any specific psychological school, nor delving either deeply or exhaustively into psychological problems, but picking and choosing methods and ideas at large, and providing the general practitioner with a guide to the treatment of the innumerable cases of psycho-neuroses and even psychoses with which he is inevitably and daily brought into contact. He recognizes that such treatment must be brief and simple, and that such cases are, on the whole, mild.

The order of the book, after essential preliminaries have been dealt with, is that of the order in which the various problems are likely to present themselves to the doctor, and forms, as it were, a case-history and treatment of a single patient.

The only major change in this new edition is the omission of the chapter on the Application of the Freudian Method. For the rest it remains one of the best and most straightforward guides for the average medical man who feels the need for some psychological technique in his daily practice.

Post-Mortem Appearances.

By JOAN M. ROSS. (Oxford Medical Publications.) Price 7s. 6d.

Of proved worth, this little book has entered its third edition, having been brought up to date and the section on Nephritis rewritten. It is becoming a classic in the P.M. room, thanks to its well-classified

layout, and to its size, for the student making his trip to the autopsy room p.c. can slip it into his pocket, and then consult it as the P.M. is done, thus being able rapidly to discover how the case conforms to or differs from the classical. Pre-examination, its brevity has lessened the labours of many a would-be pathologist. In short it is a thoroughly to be recommended companion.

Muir's Bacteriological Atlas.

Enlarged and text rewritten by C. E. VAN ROOYEN, M.D.(Edin.). (E. & S. Livingstone.) Price 15s.

This book was first published in 1927, and it met with such success that the publishers (shrewd men from across the border) have thought it worth their while to bring out a second edition.

The book has the minimum amount of text and the maximum amount of illustrations, all taken from microscopic preparations.

The impression that one receives from the diagrams is certainly vivid and impressive, and it is that which may lead a beginner at this subject to lose his sense of perspective—for when he shall come to examine a specimen for certain organisms he must not expect to find them in such teeming millions as he might be led to imagine from the study of these diagrams, nor may he be able to recognize them so clearly unless perhaps his technique and microscope be perfect.

Although the author mentions many of the methods of staining and culturing the different organisms, he does not say anything about the technique of such operations, but he has covered himself in this by recommending the reader to refer to other text-books on the subject for the necessary information, going as far even as to recommend one (and in fairness I must say a well-known one) also from across the border. In arranging the book he has left many vacant "plots" among the text where this knowledge can be set down from other text-books and lectures.

Taking all things into consideration this book is to be recommended, especially to those with a photographic memory, and to those who are not particularly familiar with the identification of micro-organisms, and who have neither the inclination nor money to carry a "senior demonstrator" around with them. As an atlas it fulfils its purposes efficiently.

Clinical Contraception.

By GLADYS M. COX, M.B., B.S. With an Introduction by LORD HORDER, K.C.V.O., M.D., F.R.C.P.

Second edition. (William Heinemann, Ltd.) Price 7s. 6d.

Birth control is no longer a battle-ground for moralists; it is now a widely-practised art. To the doctor came patients asking advice about the various methods of contraception, their reliability and their possible harmful after-effects.

This book is an authoritative review of the present methods of contraception, based entirely on clinical experience. No contraceptive is 100% secure, but by a suitable combination of methods, varying with the individual patient, a very high degree of success can be obtained.

Of the danger in using contraceptives Dr. Cox is able to say: "My own medical experience of the use of properly selected and properly used methods of contraception convinces me that the mechanical and chemical methods advised at the clinics of the Society for the Provision of Birth Control Clinics are harmless."

Although the book contains a comprehensive description of the methods now in practice, Dr. Cox has excellently summed up the results of her experience in two chapters, "Contraception for the Normal Woman" and "Contraception for the Abnormal Woman". The whole book is essentially practical. At the end there is an exceedingly interesting analysis of results obtained at various clinics. They are surprisingly good.

This book paves the way to a sane medical outlook on contraception. No practitioner can afford to be without it.

Gynaecology for Nurses and Gynaecological Nursing.

By SIR COMYNS BERKELEY, M.D., F.R.C.P., F.R.C.S. Seventh edition. (Faber & Faber.) Price 5s.

Among nurses sitting for their Final State Examination this book has always been popular. The seventh edition has once more enhanced its value.

The "lay-out" of the chapters and headings is excellent, so that no one need be frightened by a formidable page—an important asset in a text-book. The plates vary in quality; those dealing with instruments are excellent, but some are very archaic, such as the picture of the diathermy machine. The text itself has been well revised and a new chapter on hormones has been added. This

can only be in the nature of an introduction to such a wide subject, but it is most valuable. There are also added clear descriptions of how to prepare for blood transfusions and continuous intravenous salines.

Other notable features are a summary of the post-operative complications for which a nurse must watch, and a selection of questions from the State Final papers.

This book will be of value to anyone doing private nursing as well as to the hospital nurse.

A First Course in Hygiene. By ROBERT A. LYSTER, M.D., Ch.B., B.Sc.(Lond.), D.P.H. Ninth edition. (University Tutorial Press.) Price 4s. 6d.

This book is written for those who have practically no scientific background. Each subject is dealt with from anatomical, physiological, physico-chemical and hygienic aspects in turn—an obviously sound arrangement, which makes the book very readable, but also makes it unsuitable for medical students, who would have to pick out scraps of hygienic information from a mass of general science which to them is extremely elementary.

The book is intended chiefly for school-children, and practical exercises are given which would arouse the interest of the duller child, but many adults could read it with advantage, particularly the sections of nutrition and malnutrition, and on tuberculosis, where Dr. Lyster's crusading spirit breaks through his usually rather didactic style.

The Scientific Basis of Physical Education. By F. W. W. GRIFFIN, M.A., M.D., B.Ch. (Oxford Medical Publications.) Price 7s. 6d.

The object of this book is to provide a summary of the medical and scientific knowledge which has a bearing on the correct use of physical exercises for the improvement of physique. This object can in no way be said to have been attained; indeed, on opening the book, the feelings of any reader trained in physiology must rapidly change from incredulity to horror. The first half of the book is devoted to the physiology of muscular exercise. It is riddled with gross misstatements of fact, contradictions, illogical reasoning from theory to practice, "blurb" about the joy of life, and trite appeals for more exercise and more research. Psychological factors in exercise are next considered. Here the author forsakes the attempt to describe previous work, and gives full rein to his own theories of the psycho-therapeutic value of exercise, and the methods by which instructors should develop the minds and souls of their classes. Throughout this first part of the book many statements are made without any evidence or reference. One or two passages are too remarkable to be allowed to fade with the book into the obscurity which it deserves. For instance: p. 26, "(In exercise) the speed of the chemical changes increases as the temperature rises. There is thus brought about quicker breathing and pulse-rate"; p. 64, "The whole respiratory-circulatory mechanism works to some extent automatically when all its constituent parts are functioning aright as well as being structurally healthy, but the former is less common than the latter"; p. 109, "Sickness decreases the alkaline reserve"; p. 121, "Life calls for three adjustments to be made: to the general environment of life, to the mate, and to God"; p. 133, "The various exercises which are conducted with the body stationary or moving upside down have a valuable psychological influence which is not always recognized". He would be a brave man who would deny the essential truth of this last statement.

In the rest of the book, posture, and the allocation of the right sort of exercise to various types and ages of pupils are discussed rather more soberly, but without reaching any very helpful conclusions. Finally in the last ten pages there is a bibliography which, though inadequate, is probably the most useful part of an otherwise valueless and almost dangerous work. In his last paragraph the author says: "Blind leaders of the blind must be deposed from their power to lead the nation astray any longer". I agree.

Pocket Atlas of Anatomy. By PAUCHET and DUPRET. Third edition. (Oxford University Press, Humphrey Milford.) Price 12s. 6d.

This book has already proved of value to those whose purpose is extremely rapid revision of the main points of anatomy. There is no descriptive matter, the book being entirely devoted to pictures, which are clearly presented, though in some cases rather overcrowded. A useful book for its purpose.

RECENT BOOKS AND PAPERS BY ST. BARTHOLOMEW'S MEN

- ABRAHAMS, MARGERY, M.A., B.Sc. (and WIDDOWSON, E. M., B.Sc., Ph.D.). *Modern Dietary Treatment*. London: Baillière, Tindall & Cox, 1937.
- ARMSTRONG-JONES, SIR ROBERT, C.B.E., D.L., M.D., D.Sc., F.R.C.P. "Old Age." *Practitioner*, July, 1937.
- ATTLEE, WILFRID H. W., M.D., B.Ch., M.R.C.P. "Hæmoglobinuria following Exertion." *Lancet*, June 12th, 1937.
- BEATTIE, JOHN, M.A., F.R.C.S., M.C.O.G. "The Use of Hormones in Obstetrics and Gynaecology." *Post-Graduate Medical Journal*, July, 1937.
- BOURNE, GEOFFREY, M.D., F.R.C.P. "Some Practical Points in the Diagnosis and Treatment of Anæmia." *Post-Graduate Medical Journal*, June, 1937.
- BURN, RONALD, M.R.C.S. See GRAHAM and BURN.
- CLEGG, H. A., M.A., M.B., M.R.C.P. (CHARLES HILL, M.A., M.D., D.P.H., and H. A. C.). *What is Osteopathy?* With a Preface by H. G. WELLS. London: J. M. Dent & Sons, 1937.
- DINGLEY, A. R., F.R.C.S. "A Case of Retropharyngeal Abscess Containing a Pure Growth of *Bacillus paratyphosus*." *Journal of Laryngology and Otology*, April, 1937.
- GASK, GEORGE E., C.M.G., D.S.O., F.R.C.S. "John Hunter in the Campaign in Portugal, 1762-3." *British Journal of Surgery*, April, 1937.
- and ROSS, J. PATERSON, M.S., F.R.C.S. *The Surgery of the Sympathetic Nervous System*. Second Edition. London: Baillière, Tindall & Cox, 1937.
- GAUVAIN, SIR HENRY J., M.A., M.D., M.Chir., F.R.C.S. "Plaster of Paris Technique in the Treatment of Surgical Tuberculosis and other Conditions." *Practitioner*, June, 1937.
- GRAHAM, GEORGE, M.A., M.D., F.R.C.P., and BURN, R., M.R.C.S. "Pulmonary Edema." *Lancet*, May 29th, 1937.
- HOWELL, B. WHITCHURCH, F.R.C.S. "The Diagnosis and Treatment of Congenital Deformities in Young Children." *Practitioner*, June, 1937.
- HUDSON, BERNARD, M.D., M.R.C.P. "The Therapeutic Value of Altitude." *Bristol Medico-Chirurgical Journal*, Spring, 1937.
- LYON-SMITH, G. L., M.B., M.R.C.P. "Hæmophilia." *Clinical Journal*, June, 1937.
- MAXWELL, JAMES, M.D., F.R.C.P. "Lung Abscess." *Clinical Journal*, June, 1937.
- MYERS, BERNARD, C.M.G., M.D., F.R.C.P. "Some General Hints about Infants and the Treatment of Vomiting and Diarrhoea in Infancy." *Medical World*, May 7th, 1937.
- "A Case of Gaucher's Disease of the Lungs." *British Medical Journal*, July 3rd, 1937.
- O'CONNELL, J. E. A., M.B., B.S., F.R.C.S. (and BRUNSWIG, ALEXANDER). "Observations on the Roentgen Treatment of Intracranial Gliomata, with Especial Reference to the Effects of Irradiation upon the Surrounding Brain." *Brain*, vol. lx, pt. 2, 1937.
- RAVEN, R. W., F.R.C.S. "Cancer of the Stomach." *Post-Graduate Medical Journal*, July, 1937.
- ROLLESTON, SIR HUMPHRY, Bart., G.C.V.O., K.C.B., M.D., F.R.C.P. "The History of Angina Pectoris." *Glasgow Medical Journal*, May, 1937.
- ROSS, J. PATERSON, M.S., F.R.C.S. See Gask and Ross.
- ROXBURGH, A. C., M.A., M.D., B.Ch., F.R.C.P. *Common Skin Diseases*. Fourth edition. London: H. K. Lewis & Co., 1937.
- THEOBALD, G. W., M.D., M.R.C.P., F.C.O.G. "Effect of Calcium and Vitamins A and D on Incidence of Pregnancy Toxæmia." *Lancet*, June 12th, 1937.
- WEST, RANYARD, M.D., M.R.C.P., D.P.H. "A Pharmacological Study of Derivatives of Two Specimens of *Tubo-curare*, and an Examination of Four Members of Genus *Strychnos* and the *Rubiacerus* Plant associated with the Curares of British Guiana." *Arch. Internat. Pharm. et Therap.*, lvi, p. 81, June, 1937.
- WILLIAMS, H. C. MAURICE, M.R.C.S., L.R.C.P., D.P.H. "The Arrival of the Basqué Children at the Port of Southampton." *British Medical Journal*, June 12th, 1937.
- WITTS, Prof. L. J., M.D., F.R.C.P. (C. R. DAS GUPTA, M.B., and L. J. W.). "Chronic Agranulocytosis Successfully Treated with Liver." *British Medical Journal*, June 12th, 1937.

EXAMINATIONS, ETC.**University of Cambridge**

The following Degrees have been conferred :

M.D.—Lewis, W. B. A.

M.B., B.Chir.—Barwood, P. F., Dickins, C. M., Goodhart, C. E. D. H., Morison, C. R.

University of London**M.D. Examination, July, 1937.**

Branch I (Medicine).—Hayward, G. W.

Branch II (Pathology).—*Magnus, H. A.

* Awarded a University Medal.

First Examination for Medical Degrees, July, 1937.

Binns, G. A., Borrelli, V. M., Boyce, R. M., Cuddon, D. B., Evans, D. T. R., Feanny, P., Fraser, F. E., Gallimore, J. O., Gifford, C. S. E., Haile, J. P., Hill, I. M., Holtby, G. R., Ismay, D. G., Jacobs, D. K., James, A. R., Lumley, E. J. O'D., Malins, R. N., Phillips, A. H., Picton, F. C. R., Rees, J. D., Rees, R. G., Roth, A., Routledge, R. T., Taylor, H. N., Thomas, D. C., Tickner, A., Weber, M., Weinreb, H., Wells, B. G., Wilson, W. R. G.

Second Examination for Medical Degrees, July, 1937.

Part I.—Bevan, J. E. C., Boyle, A. C., Coggin Brown, P., Craike, W. H., Evans, J. W. G., Fraser, F. E., Gordon, H. E., Hall, R. L., Hall, T. E., Henderson, R. S., Hewitt, S. R., Jenkins, B. A. G., Laybourne, M. N., Loughborough, J. D., Morris, D. S., Nabi, R. A., Pitt, N. M. F. P., Rosten, M., Shah, J., Simmonds, W. B. G., Thrower, A. L., Walters, F. J. H., Whelan, W. H., Zibli, J. H. S.

Part II.—Arango, C. M., Arango, R. E., Atwill, J. A., Bachmann, P. A., Baldwin, A. F., Bowen, R. A., Burkitt, E. A., Cooper, R. S., Ellis, R. E., Finnegan, J. D., Harold, J. V. T., Hart, J. R., Heathfield, K. W. G. G., House, R. A., Jacobs, J., Johnson, P. F., Karn, H., Liebmann, F. M., Macpherson, R., Meade, F. B., Messent, J. J., Mullan, J. F., O'Neill, B. C. H., Page, W. J. O., Pettit, D. R. L., Phillips, H. T., Richards, T. H. E., Stone, P. H. D., Syred, D. R., Trevan, D. J., Turner, E. W., Upshon, H. M., White, M. W. L., Wigglesworth, R., Williamson, D. A. J.

Royal College of Physicians

The following have been admitted **Members**:

Castleden, L. I. M., Darmady, E. M., Diamond, D., Gabb, W. H., Levine, D., Paterson, J. F., Savage, O. A., Thorne-Thorne, B., Turner, J. W. A.

Royal Colleges of Physicians and Surgeons

The following Diplomas have been conferred :

D.O.M.S.—Houlton, A. C. L.

D.T.M.&H.—Smith, S. B. S.

D.A.—Clarke, R. T. V., Drury, G. D., Fraser, A. C., Nicoll, J. A. V., Walch, R. C.

Conjoint Examination Board**Final Examination, July, 1937.**

The following Students have completed the Examinations for the Diplomas of M.R.C.S., L.R.C.P.:

Acharya, B. S. S., Allen, E. L., Cane, L. H., Crowther, D. I., Ford, A. R., Friedburg, W. K. S., Grant, W. R., Hamilton, L. A. T., Harrison, R. J., Homayoun, A., Horner, W. M. L., McAskie, L., MacKenzie, K. R., Phipps, G. G., Prestwich, J. C., Quibell, E. P., Rendall, D. C. S., Rose, I. F., Scott, K. B.

Society of Apothecaries**Final Examination, July, 1937.**

Midwifery.—Stewart, E. F. G., Webb, C.

CHANGES OF ADDRESS

ALLNUTT, Lt.-Col. E. B., M.C., R.A.M.C., Rockhurst, St. Peter's Grove, York.

BRUNYATE, W. D. T., 1, Elm Terrace, Walton, Stone, Staffs. (Tel. Stone 336.)

FLETCHER, H. MORLEY, Burton Corner, Petworth, Sussex. (Tel. Petworth 177.) *Only address.*

GELL, H. W., Church Aston Manor, Newport, Shropshire.

HENSMAN, J. S., 22, Chester Street, Grosvenor Place, S.W. 1. (Tel. Sloane 8820.)

JENKINS, Flight-Lt. J. R. R., R.A.F. Station, Kai Tak, Hong Kong, China.

PHILPS, A. S., 89, Harley Street, W. 1. (Tel. Welbeck 5900.)

CHANGE OF TELEPHONE NUMBER.

BARRIS, J. D.—Welbeck 8448.

APPOINTMENT

ALLNUTT, Lt.-Col. E. B., M.C., R.A.M.C., appointed Assistant Director of Hygiene, Northern Command H.Q., York.

BIRTHS

DALZIEL.—On August 8th, 1937, at West Wickham, Kent, to Celia (*née* Genge), wife of John Dalziel, M.R.C.S., L.R.C.P.—a daughter.

JAMESON EVANS.—On August 2nd, 1937, to Sylvia (*née* Keep), wife of Philip Jameson Evans, F.R.C.S.—a son.

LANGFORD.—On July 11th, 1937, to Mary, wife of A. W. Langford, M.D., of 5, St. John Street, Hereford—a daughter.

RICE.—On July 25th, 1937, at 20, Cotman Road, Norwich, to Doris, wife of Dr. R. A. C. Rice—a son.

MARRIAGES

BROOKE—GRAY.—On July 17th, 1937, at the Church of St. Bartholomew-the-Great, Smithfield, by the Rev. Hugh Robinson, Vicar of Ringmere, Eric Barrington Brooke, M.B., M.R.C.P., to Hilda Mary Gray.

GASTON—MUTCH.—On July 17th, 1937, quietly, at the Presbyterian Church, Bayswater, W. 2, Alexander Page Gaston, M.B., B.S., to Jessie (Jet) Mutch.

KNIGHT—JACKSON.—On July 3rd, 1937, at the Wesleyan Church, Skelmanthorpe, Dr. Wilfred Curtis Knight, youngest son of Mr. and Mrs. Ralph C. Knight, of Stricklands, Stowmarket, to Barbara Mary, youngest daughter of Sir Percy and Lady Jackson, of The Woodlands, Scissett.

SILVER WEDDING

MACMAHON—PONTIFEX.—On July 31st, 1912, at St. Stephen's Church, West Dulwich, by the Rev. Canon Howard Nixon and the Rev. Alfred Pontifex, Cortlandt MacMahon to Hilda Mary Pontifex. Present address: Merton, 63, Alleyn Park, Dulwich.

DEATHS

DAVIS.—On July 28th, 1937, at 6, Talbot Avenue, Bournemouth, Arthur Holdsworth Davis, M.B., aged 73.

FRENCH.—On July 25th, 1937, suddenly, Ernest George French, M.D., F.R.C.S. (Edin.), M.R.C.P. (Lond.), Lieutenant-Colonel, R.A.M.C. (retd.), of 66, Harley Street, W. 1.

JOWERS.—On August 7th, 1937, at Hartfield, Palmeira Avenue, Hove, in his sleep, after a long illness, borne with great courage, Reginald Francis Jowers, F.R.C.S., second son of the late F. W. Jowers, F.R.C.S.

McAVOY.—On June 30th, 1937, James Charles McAvoy, M.R.C.S., L.R.C.P., of Garnock House, Grange Town, Yorkshire.

MACLAREN.—On August 12th, 1937, Norman Maclaren, J.P., F.R.C.S., of Portland Square, Carlisle, aged 61.

ORMEROD.—On July 27th, 1937, at Field House, Merrow, Guildford, Charles Evelyn Ormerod, M.D.

PARSONS.—On July 30th, 1937, Harry Crompton Parsons, M.R.C.S., L.R.C.P., of Church Minshull, Nantwich, Cheshire.

NOTICE

All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, St. Bartholomew's Hospital, E.C. 1.

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